

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P28700**

1. Corporation Name

**PERFECT FIT INDUSTRIES, INC.**

Principal Place of Business

**201 CUTHBERTSON STREET  
MONROE NC 28110**

Mailing Address

**201 CUTHBERTSON STREET  
MONROE NC 28110**

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90010 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/30/1990**

4. FEI Number

**56-1490236**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.  
801 NORTHEAST 167TH STREET, SUITE 305  
NORTH MIAMI BEACH FL 33162**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☒ DELETE

NAME **VITALE, JODY**  
STREET ADDRESS **201 CUTHBERTSON STREET**  
CITY-ST-ZIP **MONROE NC**

TITLE **CFO** ☐ DELETE

NAME **KENNEDY, DAVID J**  
STREET ADDRESS **201 CUTHBERTSON STREET**  
CITY-ST-ZIP **MONROE NC**

TITLE **SVP** ☒ DELETE

NAME **WHITLEY, JOHN**  
STREET ADDRESS **201 CUTHBERTSON ST**  
CITY-ST-ZIP **MONROE NC**

TITLE **D** ☒ DELETE

NAME **BLOCH, EPHRAIM**  
STREET ADDRESS **3300 SOUTH OCEAN BLVD APT 102N**  
CITY-ST-ZIP **PALM BEACH FL**

TITLE **D** ☒ DELETE

NAME **BELK, CARL**  
STREET ADDRESS **201 CUTHBERTSON ST**  
CITY-ST-ZIP **MONROE NC**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President, CFO** ☒ Change ☐ Addition

1.2 NAME **Louis Morris**  
1.3 STREET ADDRESS **201 Cuthbertson St.**  
1.4 CITY-ST-ZIP **Monroe, NC 28110**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **VP** ☒ Change ☐ Addition

3.2 NAME **Mike Butrum**  
3.3 STREET ADDRESS **201 Cuthbertson St.**  
3.4 CITY-ST-ZIP **Monroe, NC 28110**

4.1 TITLE **Director** ☒ Change ☐ Addition

4.2 NAME **Angus C. Littlejohn**  
4.3 STREET ADDRESS **115 East Putnam Ave.**  
4.4 CITY-ST-ZIP **Greenwich, CT 06830**

5.1 TITLE **Director** ☒ Change ☐ Addition

5.2 NAME **Michael Klein**  
5.3 STREET ADDRESS **115 East Putnam Ave.**  
5.4 CITY-ST-ZIP **Greenwich, CT 06830**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

704-289-1531

CR2E034 (5/99)



593669-90010-25  
P28700

July 8, 1999

Florida Department of State  
Katherine Harris, Secretary of State  
Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Ms. Harris:

Reference: "1999 Profit Corporation Annual Report".

We respectfully request that the late charge penalty fee of \$400.00 be waived because we did not receive the original report. Our reporting history has been accurate and timely.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "David J. Kennedy", with a long, sweeping horizontal line extending to the right.

David J. Kennedy  
VP Finance